

**CLAIMS ONLY**

Application Number

Application Number  
101617330

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					/	/
2						/
3						/
4						/
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50						
Total Indep					2	
Total Depend					5	
Total Claims					7	

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims						